VIRGINIA DEPARTMENT FOR THE BLIND AND VISION IMPAIRED

APPLICATION FOR VOLUNTEER SERVICES

Name			Date				
(last) (first	st)	(middle)					
Home Address			City / Zi	ip _			
Date of Birth		∏M ∏ F	Phone			-	
month/day/year		sex (M/F)	_				
Business / College / School Address							
City	Zip		Phone	()	-	
Emergency Contact			Phone	()	-	
Business or Professional Experience							
Volunteer Experience							
Memberships in Professional/Civic/Stu	dent Organization	ns/Clubs					
Special Interests and Skills							
Special Requests Regarding Volunteer	Placement (Geog	raphic Area,	Age Prefe	rence,	etc.)		
Hours and Days Available							
Volunteer Interest: Deaf/Blind Interpreter Library Assistant Reading Driving* Arts Crafts Tutoring Recreation	Shopping Friendly Visitor Telephone Pal Office Assistant Recording Braille Transcrib	ing	O1	her:			
*Please complete Driving Information on page two (any this application).	_	or intends to drive	clients or staf	f must co	omplete the	page two of	
Confidentiality of Information: I agree to keep confider Visually Impaired. Information mya only be shared wit parent or guardian co-sign this application.							
Signature			Da	te			

Please omit any question(s) you do not wish to answer. The information contained in this application will be held in confidence and used only in the administration of the Volunteer Services Program. The Virginia Department for the Blind and Visually Impaired is an equal opportunity employer and an affirmative action agency.

BVI 702070001

		Social Security No.				
pany						
and/or Convictions i	n the past 3 years (ex	cluding parking tic	kets):			
		lind and Visually In	mpaired's verifying			
		Date				
	Address:					
7						
Orientation Date	Assignement Date	Completion Date	Volunteer Reports to:			
	Orientation Date	tion to the Virginia Department for the Bord from the Division of Motor Vehicles. Na Addi Ph Orientation Assignement	Name: Address: Phone: Orientation Date Orientation Date Date Date			